

Missouri Pharmacy Program – Preferred Drug List



Cox II Inhibitors

Effective 12/15/2004 Revised 04/02/2015

Preferred Agents

Available with Additional Clinical Edits

• Celebrex®

Non-Preferred Agents

Approval Criteria	<u>Denial Criteria</u>
 Current Step Therapy Criteria remain in place Agent preferred after meeting step therapy approval criteria 	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030